

Note: This form may be used by providers to summarize what equipment is carried by the ALS ambulances in an agency's fleet by each piece of equipment as well as by individual ambulance.

Total # of ALS ambulances for this agency:

For equipment with a range of sizes, all sizes must be on the ambulance to be considered in compliance.

[illegible]

ALS Essential Equipment and Supplies	Vehicle Number									
	1	2	3	4	5	6	7	8	9	10
Endotracheal tubes: uncuffed sizes 2.5-6.0, cuffed sizes 6.0-8.0										
Magill forceps: pediatric and adult										
Nasogastric tubes: 8F-16F										
Nebulizer										
IV catheters: 16-24 gauge										
Intraosseous needles										
Length/weight-based drug dose chart or tape										
Needles: 20-25 gauge										
Resuscitation drugs and IV fluids that meet the local standards of practice										
Total	0	0	0	0	0	0	0	0	0	0
Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

* A self-inflating resuscitation bag should be self refilling, should have an oxygen reservoir and should not have a pop-off valve. A child bag has a reservoir of 450 mL, whereas an adult bag has a reservoir of at least 1,000 mL.

** Suction catheters only come in even numbered sizes.

§ A thermal blanket may help minimize heat loss. Hypothermia will complicate many illnesses and injuries, particularly in infants and young children. The type of material used will depend on local preference, protocols, and procedures but may include Mylar, standard blankets, or aluminum foil for small infants.

Survey Question Template for Performance Measure 66a: On- and Off-line Medical Direction

Instructions: This template has been developed by NEDARC to assist partnership grantees in the gathering of data for performance measure 66a regarding the availability of on- and off-line medical direction for EMS providers at the scene of an emergency. The template is not meant to be used exactly as is, but will need to be reviewed and adapted as necessary to fit your state's needs. **In particular, questions or items marked in red either need further state-specific definition, indicate a selection must be made between two choices depending on state circumstances, or are supplemental in nature.**

Other basic tips to keep in mind when conducting a survey:

- Consider sending an email in advance of the survey alerting your target population that a survey is forthcoming and that their responses will be very important and appreciated.
- Feel free to add more questions to the template, but be careful to not make it too lengthy as this will discourage survey completion and response.
- Accompany the survey with a letter explaining the purpose of the survey and the value of the responses. Any information about how the results will be used and how the information may be of benefit to respondents will help generate a better response rate.

A complete list of the presentations and resources used at NEDARC's "Effectively Surveying in EMS and EMSC" is also available at www.nedarc.org

Name of your EMS agency: _____

Name and title of person completing survey:

Phone Number: _____

Date of survey completion: _____

On-Line Pediatric Medical Direction

Definitions:

- **On-line Pediatric Medical Direction:** real-time pre-hospital medical direction by designated medical personnel (as defined and identified by the State/Territory) for seriously ill or injured children.
- **Formal arrangement or agreement:** agreement or instruction, written or otherwise in place, specifying a medical facility (or facilities) or other professional medical personnel to be contacted for direction on how to appropriately treat a pediatric patient.
- **At the scene of an emergency:** time from arrival of providers at the scene of an emergency through arrival of the pediatric patient at the hospital.

1. At what level is the on-line medical direction controlled or provided for your EMS agency?

- ☐ State
- ☐ Region
- ☐ Local (local hospital or other medical personnel)
- ☐ Other _____
- ☐ We have no formal on-line medical direction for our agency (If so, skip questions 2&3 and proceed to questions for Off-line medical direction)

2. Has your EMS agency established some type of formal arrangement or agreement with an acute care facility or other professional medical personnel to provide on-line (real-time) **pediatric** medical direction to your **BLS** providers at the scene of an emergency?

- ☐ Yes
- ☐ No (If not, please explain why)_____

- _____
- ☐ In Process
 - ☐ Not Applicable (Please explain)_____

-
3. Has your EMS agency established some type of formal arrangement or agreement with an acute care facility or other professional medical personnel to provide real-time (on-line) **pediatric** medical direction to your **ALS** providers at the scene of an emergency if needed?

☐ Yes

☐ No (If not, please explain why)_____

☐ In Process

☐ Not Applicable (Please explain)_____

Off-Line Pediatric Medical Direction

Definitions:

- **Off-line Pediatric Medical Direction:** treatment guidelines and protocols used by EMS providers to ensure the provision of appropriate patient care.

Note to EMSC Grantee: Use the following questions if your state or EMS regions have developed pediatric protocols or guidelines.

1. Has your EMS agency adopted for use the written pediatric protocols or guidelines which have been developed by the state or region?
☐ Yes
☐ No (If not, please explain why) _____

2. Is a set of these written protocols carried by **BLS** providers or ambulances in your agency, either in paper or electronic form?
☐ Yes, all providers/ambulances
☐ Yes, most providers/ambulances (>50%)
☐ Yes, some providers/ambulances (<50%)
☐ No, none (If not, please explain why) _____

3. Is a set of these written protocols carried by **ALS** providers or ambulances in your agency, either in paper or electronic form?
☐ Yes, all providers/ambulances
☐ Yes, most providers/ambulances (>50%)
☐ Yes, some providers/ambulances (<50%)
☐ No, none (If not, please explain why) _____

Note to EMSC Grantee: Use the following questions if your state or EMS region has NOT developed pediatric protocols or guidelines.

1. Has your EMS agency adopted for use any set of written pediatric protocols or guidelines?
☐ Yes (If yes, from what source were these protocols obtained?) _____
☐ No (If not, please explain why) _____

2. Is a set of these written protocols carried by **BLS** providers or ambulances in your agency, either in paper or electronic form?

- ☐ Yes, all providers/ambulances
☐ Yes, most providers/ambulances (>50%)
☐ Yes, some providers/ambulances (<50%)
☐ No, none (If not, please explain why)_____
-

3. Is a set of these written protocols carried by **ALS** providers or ambulances in your agency, either in paper or electronic form?

- ☐ Yes, all providers/ambulances
☐ Yes, most providers/ambulances (>50%)
☐ Yes, some providers/ambulances (<50%)
☐ No, none (If not, please explain why)_____
-

Supplemental Questions for EMS Provider Agencies

The information from the following questions may be helpful for EMSC grantees in understanding which types of EMS agencies are most often lacking in on- and off-line pediatric medical direction. This can be useful in targeting interventions for these agencies.

Indicate your EMS agency level/type: (check all that apply)

- ☐ BLS
- ☐ ALS (Includes intermediate life support providers)
- ☐ Transport
- ☐ Fire-based

Indicate your EMS agency classification:

- ☐ Public
- ☐ Private
- ☐ Other _____

Indicate your EMS agency staffing classification:

- ☐ Paid
- ☐ Volunteer
- ☐ Combination paid/volunteer

Indicate your EMS agency's primary response area:

- ☐ 75% or more of your EMS runs are in an **urban** area
- ☐ 75% or more of your EMS runs are in a **rural**¹ area
- ☐ We serve urban and rural areas somewhat equally

Indicate the number of EMS incidents your agency responds to annually²:

Indicate the number of EMS incidents your agency responds to annually involving children 18 years of age and younger²:

1 - If unsure, the US Census Bureau defines rural areas as settlements with fewer than 2,500 people. Further information about rural classifications by county level can be found at <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp>

2 - If your agency does not track these numbers, please approximate.

Survey Question Template for Performance Measure 66b: Essential Pediatric Equipment for EMS Providers

Instructions: The survey template on the accompanying Excel spreadsheet (separate file) has been developed by NEDARC to assist partnership grantees in the gathering of data for performance measure 66b regarding the availability of essential pediatric equipment on BLS and ALS ambulances. **There are four template options available on this spreadsheet (depending on your needs and preferences), which can be accessed by clicking on the tabs (or worksheets) at the bottom of the spreadsheet.** The templates may need to be reviewed and adapted as necessary to fit your state's needs. For example, if your state licenses provider agencies at a level other than BLS or ALS—and these agencies have lesser scopes of practice than BLS or ALS—you may need to alter the equipment list so that it reflects only those items of equipment that fall within their scope of practice and that they are authorized to use. In addition, there is a list of supplementary question on the next two pages of this document which may be used to gather further information from providers.

Other basic tips to keep in mind when conducting a survey:

- Consider sending an email in advance of the survey alerting your target population that a survey is forthcoming and that their responses will be very important and appreciated.
- Feel free to add more questions to the template, but be careful to not make it too lengthy as this will discourage survey completion and response.
- Accompany the survey with a letter explaining the purpose of the survey and the value of the responses. Any information about how the results will be used and how the information may be of benefit to respondents will help generate a better response rate.

A complete list of the presentations and resources used at NEDARC's "Effectively Surveying in EMS and EMSC" is also available at www.nedarc.org

Supplemental Questions for EMS Provider Agencies

The information from the following questions may be helpful for EMSC grantees in understanding which types of EMS agencies most often have pediatric equipment, which don't, and why. This can be useful in targeting interventions to increase the percentage of ambulances with all recommended pediatric equipment.

Indicate your EMS agency level/type: (check all that apply)

- ☐ BLS
- ☐ ILS
- ☐ ALS
- ☐ Transport
- ☐ Fire-based

Indicate your EMS agency classification:

- ☐ Public
- ☐ Private
- ☐ Other _____

Indicate your EMS agency staffing classification:

- ☐ Paid
- ☐ Volunteer
- ☐ Combination paid/volunteer

Indicate your EMS agency's primary response area:

- ☐ 75% or more of our EMS runs are in an **urban/suburban** area
- ☐ 75% or more of our EMS runs are in a **rural**¹ area
- ☐ We serve urban and rural areas somewhat equally

Indicate the number of EMS incidents your agency responds to annually²:

Indicate the number of EMS incidents your agency responds to annually involving children 18 years of age and younger²:

1 - If unsure, the US Census Bureau defines rural areas as settlements with fewer than 2,500 people. Further information about rural classifications by county level can be found at <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp>

2 - If your agency does not track these numbers, please approximate.

If your ambulances do not carry all of the recommended pediatric equipment, please indicate why this **may** be the case (check all that apply):

- ☐ No state/local equipment requirements exist
- ☐ Funding is very limited
- ☐ Don't believe separate pediatric equipment is necessary for adequate care
- ☐ Certain pediatric items are used too infrequently to justify the expense
- ☐ Certain pediatric items are not reusable and are too expensive to replace
- ☐ Other

Survey Questions for Performance Measure 66d: Pediatric Inter-facility Transfer Agreements and Guidelines

Instructions: This template has been developed by NEDARC to assist partnership grantees in the gathering of data for performance measure 66d regarding the existence of interfacility transfer agreements and guidelines between hospitals to meet the needs of critically ill and injured pediatric patients. The template is not meant to be used exactly as is, but will need to be reviewed and adapted as necessary to fit your state's needs. **In particular, questions or items marked in red need further state-specific definition and/or are supplemental in nature.**

Other basic tips to keep in mind when conducting a survey:

- Consider sending an email in advance of the survey alerting your target population that a survey is forthcoming and that their responses will be very important and appreciated.
- Feel free to add more questions to the template, but be careful to not make it too lengthy as this will discourage survey completion and response.
- Accompany the survey with a letter explaining the purpose of the survey and the value of the responses. Any information about how the results will be used and how the information may be of benefit to respondents will help generate a better response rate.

A complete list of the presentations and resources used at NEDARC's "Effectively Surveying in EMS and EMSC" is also available at www.nedarc.org

Name of your hospital: _____

Name, title, and department of person completing survey:

Phone Number: _____

E Mail: _____

Date of survey completion: _____

Definitions:

- **Inter-facility agreements:** Written accords or compacts between a referring facility (e.g., community hospital) and a specialized pediatric center that formalize arrangements for consultation and transport of a child to the higher-level facility.
- **Inter-facility guidelines:** Guidelines that outline procedural and administrative policies for transferring pediatric patients to facilities that provide specialized pediatric care.

1. Does your hospital or medical facility have a written protocol and agreement(s) in place for critically ill or injured **pediatric** patients that specify a decision-making process regarding patient transfer to another facility?

☐ Yes

☐ No, but currently being developed

☐ No (If not, please explain why) _____

2. If yes, do the agreement and guidelines include information regarding:

	Yes	No
The process to arrange transport of the pediatric patient, including necessary staff and equipment, to an alternate care site capable of meeting the patient's clinical needs.		
The transport of any other necessities (e.g. medications or medical records) to the alternate site.		
The tracking of the pediatric patient to and from the alternate care site (knowing where the patient is located at any given point).		
A method of inter-facility communication between the referral site and the alternate care site.		

Supplemental Questions for Hospitals

The information from the following questions may be helpful for EMSC grantees in understanding which types of hospitals most often have inter-facility transfer agreements and guidelines and which do not. This can be useful in targeting interventions to increase the percentage of hospitals with ambulances with inter-facility transfer agreements and guidelines.

Indicate your hospital level/ type: (phrasing of this question will depend on the specific language used to designate or categorize hospitals in your state)

Indicate your hospital location:

- ☐ Urban
☐ Rural¹

Indicate the number of patients seen annually in your emergency department:

Indicate the number of patients 18 years of age or younger seen annually in your emergency department:

1 - If unsure, the US Census Bureau defines rural areas as settlements with fewer than 2,500 people. Further information about rural classifications by county level can be found at <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp>